



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
SPONSOR APPLICATION
(Please TYPE or PRINT Clearly)

MDOH USE ONLY:

Contract #: _____

Vendor #: _____

1. Name of Sponsoring Organization		2. Address (P.O. Box, Street, City, State & Zip Code)		3. County
				4. Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Urban areas include Kansas City, St. Louis, Columbia, Jefferson City, Springfield, Joplin, and St. Joseph. All others are rural .
5. Phone Number () _____ - _____	6. Fax Number () _____ - _____	7. Contact Person		8. E-mail Address of Contact Person (if available)
9. Type of Sponsor: <input type="checkbox"/> School (public or private, non-profit) <input type="checkbox"/> Government Entity (State, Local, Municipal or County) Example: County Health Dept. <input type="checkbox"/> Residential Camp (overnight camp) <input type="checkbox"/> National Youth Sports Program (sponsored by a public or private, non-profit college or university) <input type="checkbox"/> Private Non-Profit (PNP) Organization Examples: Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations.		10. Period of operation (M/D/Y) Beginning date - _____ / _____ / _____ Last date meals served- _____ / _____ / _____ <i>Last date of meal service may be no later than Labor Day, or a date prior to the first day of school in your location.</i> Total number of days of operation: _____ List date(s) <u>not</u> operating: _____ (List dates between your beginning date and last date of meal service, when meals will not be served. Example: July 4. It is not necessary to list weekend dates here). Note: <i>If your start or ending date changes, you must notify our office.</i>		
11. Number of sites to be sponsored:		12. Number of monitoring personnel: (This is the number of staff members in your organization who will be responsible for performing the pre-operational and 1 st and 4 th week monitoring reviews of your food service site(s)).		
13. Do you want Administrative Advance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No See note below. Amount Requested, 1 st Advance \$ _____ Amount Requested, 2 nd Advance \$ _____		14. Do you want Operational Advance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No See note below. Amount Requested, 1 st Advance \$ _____ Amount Requested, 2 nd Advance \$ _____ Amount Requested, 3 rd Advance \$ _____		
Note: <i>Administrative and Operational Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the amount you have requested. You may receive a 2nd administrative or operational advance only if you operate at least 10 days in the second month, and a 3rd operational advance only if you operate at least 10 days in the third month.</i>				
15. How many summers have you participated in the SFSP (do not count this coming summer)?				
16. Has the sponsor ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any Child Nutrition Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

17. Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?

☐ Yes ☐ No

If the sponsor is not a residential camp, please describe the ongoing, year-round service(s) provided:

Note: All sponsors, with the exception of residential camps, must provide an ongoing, year-round service of some type to the community served, in order to be eligible for the SFSP. Examples: Schools and colleges provide educational services; private non-profits might provide after-school programming, parent education classes, etc.; churches and faith-based organizations provide religious instruction and other services.

18. If an agency other than the sponsor is providing site personnel, give name, agency and title of the person responsible for communication between the sponsor and the other agency:

19. I will cover the following **minimum required topics** in my training sessions for administrative and site personnel ☐ Yes ☐ No

◆ Purpose of the Program ◆ Meal Pattern Requirements ◆ Site Eligibility ◆ Site Operations ◆ Recordkeeping ◆ Duties of a Monitor

List any other topics to be covered, if applicable:

20. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance, and will incorporate them into my SFSP operations: ☐ Yes ☐ No

1. Monitor sites and note areas of non-compliance
2. Discuss problems with site supervisor
3. Recommend corrective action
4. Follow-up in one week to assure corrections are made

21. Indicate type of meal service (check all that apply):

- ☐ Preparation at food service site
- ☐ Preparation at a central kitchen (serving two or more sites.) **Indicate name/address of central kitchen site below.**
- ☐ Under contract with local school food authority. **Indicate name/address of school food authority below, and include a copy of the School Food Service Agreement with your application package.**
- ☐ Under contract with a Food Service Management Company (FSMC). **Indicate name/address of FSMC below. ALL sponsors using a FSMC must submit a copy of the entire, signed contract before the SFSP application may be approved. If the contract will exceed \$100,000, attach a copy of the wording to be used in the summary of the invitation for bid, the planned date and place of publication, and the planned date and place of the bid opening, copy of the bid, a list of bidders, and cycle menus.**
- ☐ Extending contract with School Food Authority that provides meals during the regular school year. **Indicate name/address of School Food Authority below, and include a copy of the School Food Service Agreement with your application package.**
- ☐ Other (Specify) _____. **Indicate name/address where meals are prepared below.**

If other than preparation at food service site, please indicate the central kitchen, school, or company and address below:

Name of central kitchen site, school, or FSMC: _____

Street address (where meals are prepared): _____

City, State, ZIP code: _____

22. Indicate the source, if any other income is received to help finance the SFSP.

- ☐ Income from sale of adult meals
- ☐ Donations of food or money
- ☐ Grants specific for food or food preparation
- ☐ Other _____
- ☐ None

23. List estimated percent racial/ethnic make-up of the population of the area to be served (percentages must total 100%):					
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
%	%	%	%	%	100%

Within each category above, indicate the percentage that are of Hispanic or Latino ethnicity. _____

24. What efforts will be used to assure that minority populations have equal opportunity to participate?

- ☐ Distribution of brochures or Program information at public locations.
- ☐ Public service announcements in local newspaper, on radio or television. (Circle media type used. Otherwise, we will assume all three types are used.)
- ☐ Paid or free advertisements in local newspapers.
- ☐ Personal contact with community groups and/or parents.

I certify that these efforts reflect methods used to assure minority and grassroots organizations participate in the program.

→ _____ (**Superintendent/board president/director's initials**)

25. I certify that the items checked above contain the nondiscrimination statement and procedures for filing a complaint of discrimination **as required by SFSP regulations**. → _____ (**Superintendent/board president/director's initials**)

26. Has the sponsor ever been found to be in noncompliance of the Civil Rights Laws by any Federal agency? ☐ Yes ☐ No

If yes, explain:

APPLICATION COMPLETION

Before your application will be considered complete, you must submit the following items:

- ◆ The budget on pages 4 and 5 of the sponsor application, with all sections completed
- ◆ One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet
- ◆ Audit Requirements form
- ◆ Vendor Input form (all new sponsors; previous sponsors with address, contact, or telephone number changes)
- ◆ Copy of Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only)

SIGNATURE

Signature by the superintendent/board president/director and/or authorized representative below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated at all sites.
5. Reimbursement will be claimed only for meals served to eligible participants.
6. Each site will maintain a daily, point of service meal count, for each meal or snack service, that will be collected at least weekly by the sponsor.
7. The superintendent/board president/director and authorized representative(s) accept final administrative and financial responsibility for all SFSP operations at the sponsor's site(s).

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR

▶

SIGNATURE OF AUTHORIZED REPRESENTATIVE

▶

TITLE

DATE

TITLE

DATE

MDHSS USE ONLY BELOW THIS LINE

APPROVED BY

▶

TITLE

DATE

SPONSOR BUDGET**1. Administrative Salary Worksheet**

List administrative positions which will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites, and conducting training. For additional guidance, consult the Operating and Administrative Cost Sheet including with your application packet.

A. Administrative Positions (Do not include food service labor such as cooks, servers, janitors, etc.)	B. Number of Personnel in that Position	C. Hours per day spent on SFSP	D. Salary per hour if paid by SFSP reimburse- ment	E. Total number of days employed by SFSP	F. Specific Program Duties	G. Fringe Benefits	H. Total (BxCxDxE)+G
Director			\$				\$
Monitor			\$		This section is for the staff members who conduct your pre-operational and 1 st and 4 th week reviews at each site. Do not include "lunchroom" monitors or staff taking point-of-service meal counts in this section.		\$
Bookkeeper			\$				\$
Secretary			\$				\$
Other (Specify)			\$				\$
Other (Specify)			\$				\$
Total administrative salary/fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs in #3)							\$

2. Operational Salary Worksheet

List operational positions which will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A. Operational Positions	B. Number of Personnel in that Position	C. Hours per day spent on SFSP	D. Salary per hour if paid by SFSP reimburse- ment	E. Total number of days employed by SFSP	F. Specific Program Duties	G. Fringe Benefits	H. Total (BxCxDxE)+G
Cook							\$
Cook							\$
Server							\$
Server							\$
Janitor							\$
Other (specify)							\$

Total operational salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3)	\$
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3. Total SFSP Budget

Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

Administrative Costs	Proposed Administrative Budget	MDHSS USE ONLY Approved Administrative Budget	Operational Costs (Sites)	Proposed Operational Budget
Salaries/Fringe Benefits (Total from #1 on p. 4)	\$	\$	Food Service Labor/ Fringe Benefits (Total from #2 on p. 4)	\$
Rent for Office Space	\$	\$	Food	\$
Office Supplies	\$	\$	Supplies	\$
Administrative Mileage	\$	\$	Transportation of Food	\$
Audit Fees	\$	\$	Utilities	\$
Telephone	\$	\$	Equipment Rent	\$
Postage	\$	\$	Other (please specify)	\$
Printing/Copying	\$	\$		
Advertising	\$	\$		
Other (please specify)	\$	\$		
Total Administrative Costs	\$	\$	Total Operational Costs	\$
		Budget approved as shown above _____/_____/_____ (Approver's initials & date)		

Note: The administrative budget will be approved based on the estimated number of meals to be served this summer (meals multiplied by administrative rates). If your attendance is higher than originally estimated, or if your administrative expenses are higher than what is budgeted here, you must notify our office and submit a revised administrative budget before program operations end, so that your approved administrative budget can be adjusted accordingly.